Mental Health Services Of Catawba County

Draft Local Business Plan

April 1, 2003

Contact Person:
John M. Hardy, Area Director
3050 11th Ave. Dr. SE
Hickory, NC 28602
Phone – 828- 695-5900

Catawba County

P.O. Box 389 * 100-A South West Boulevard * Newton, North Carolina 28658-0389 * Telephone (828) 465-8200
http://www.co.catawba.nc.us FAX (828) 465-8392

March 18, 2003

Secretary Carmen Hooker Odom
Director Richard Visingardi
2001 Mail Service Center
Raleigh, NC 27699-2001

Dear Secretary Odom and Director Visingardi:

Enclosed is the complete Local Business Plan for Mental Health Services of Catawba County, addressing all sections due April 1, 2003. This plan has been reviewed and accepted by the Board of Commissioners. We further understand that quarterly updates may reflect changes requiring continued review and approval by the Board of Commissioners in this evolving process.

All strategic planning efforts adhere to state reform efforts, and maintain the integrity of principles seen as vital and binding in creating a local management system for our county. These principles are as follows:

- Maintain current quality of services until a comparable provider networks is developed. The network will consist of providers able to meet all accountability (e.g. financial, documentation, reporting) requirements matching those expected o area programs currently.
- Create a comprehensive rather than fragmented service system, minimizing disruption to current clients and protecting against loss for those clients needing services beyond a single-funding-stream reimbursement.
- Create and maintain a strong Local Management Entity role, advocating for its primary functions to include:
  - Assessing service needs and scope for reimbursed consumers
  - Being the financial gatekeeper for reimbursed services to providers meeting all levels of accountability requirements
  - Assuring “safety net” and system coordination through case management
- Development of a provider system prior to local community investment and continuity, reflected in multi-year contracts and working relationships.

We are committed to modifying how services are delivered, but we are equally committed to continued assurance that our consumers will have their MH/DD/SA needs met in any transition of services to other providers or system reform efforts.

In reviewing the plan, if you or your staff have questions, feel free to contact our Area Director, John M. Hardy at (828) 695-5900.

Sincerely,

Katherine Barnes Chair
Catawba County Board of Commissioners

David Isenhower, Chair
Mental Health Services of Catawba County Area Board

LOCAL MANAGEMENT ENTITY INFORMATION	
Due by January 2,2003 to:	Richard Visingardi, Director Division of MH/DD/SAS 3001 Mail Service Center Raleigh, NC 27699-3001

NAME OF ORGANIZATION	Mental Health Services of Catawba County
CONTACT PERSON NAME:	John M. Hardy
TITLE:	Area Director
ADDRESS:	3050 11thy Ave Dr., SE, Hickory, NC 28602
PHONE #:	(828) 695-5900
FAX #:	(828) 695-5949
EMAIL ADDRESS:	mailto:johnh@catabacountync.gov

CHIEF OPERATING OFICER INFORMATION (If different from contact information above)	
NAME:	
TITLE:	

GOVERNING BODY: (Attach list of membership with information below	
NAME OF PRESIDING OFFICER:	David Isenhower
REPRESENTATION:	Area Board Chairperson
CONTACT INFORMATION:	(828) 465-2100 ext. 112

COUNTIES INCLUDED IN THE LME CATCHMENT AREA:
Catawba

149,750	NUMBER OF TOTAL POPULATION FOR SURRENT/PROPSED LME CACHMENT (GEOGRAPHIC) AREA

CONSUMER FAMILY ADVISORY CHAIR(S):	
NAME:	James C Jones
REPRESENTATION:	Primary Consumer
CONTACT INFORMATION:	(828) 464-2075
NAME:	Denise Little
REPRESENTATION:	Secondary Consumer
CONTACT INFORMATION:	(828) 464-4993

STAFF ASSIGNED TO LME:	

There is a signature page that follows this.

CATAWBA COUNTY
MENTAL HEALTH SERVICES
3050 11th Ave. Dr. SE • Hickory, North Carolina 28602 • (828) 695-5900 • Fax (828) 695-4256 - Med. Rec.
Fax (828) 695-5949 - Admin.
TDD (828) 695-5900

April 1, 2003

Secretary Carmen Hooker Odom
Director Richard Visingardi
3001 Mail Service Center
Raleigh, NC 27699-3001

Dear Secretary Odom and Director Visingardi:

Mental Health Services of Catawba County requests a waiver to continue to provide services for fiscal year 2003-2004.

Some special considerations regarding Mental Health Services of Catawba County service provision concurrent with divestiture planning are:

- Psychosocial Rehabilitation and Residential services are significantly impacted by indirect county supports such as lease arrangements, vans for transportation, maintenance, etc. Additionally, there is a 50-year lease in place for the Psychosocial Clubhouse facility.
- As noted in the divestiture plan, services have been bundled for comprehensive services to clients indicative of best practices. Requests for information have not been issued to date, but will be soon and MHSCC plans to tailor divestiture options based on responses to those inquiries (repackaging if needed).
- The fund balance of the area program often subsidizes case management services for those clients lacking a direct funding source, such as Medicaid.
- Qualified provider network development is ongoing, requiring much more detailed analysis of community capacity, both current and future. This includes target population identification, transitional population service needs, etc. that clarifies specific expectations for community providers.
- The Adolescent Children's Treatment program (ACT) is a collaborative effort with three county school systems and mental health, supported to a large degree directly by county funds.
- All services are supported by approximately $900,000 in indirect support services in addition to buildings.

Mental Health Services of Catawba County will continue to be a provider of services over the next three years as outlined in our divestiture plan As illustrated in the divestiture plan, Mental Health Services of Catawba County will divest of services on or before June 30, 2007. Requests for information and requests for proposal will be developed for services and Mental Health Services of Catawba County will begin to divest as viable prospective providers of specific services are identified. Divestiture planning is set up for Phase III implementation.

All strategic planning efforts adhere to State Reform efforts, and maintain the integrity of principles seen vital and binding in creating a local management system for our county. These principles are as follows:

- Maintain current quality of services until a comparable provider network is developed. The network will consist of providers able to meet all accountability (e.g., financial, documentation, reporting) requirements matching those expected of area programs currently
- Create a comprehensive rather than fragmented service system, minimizing disruption to current clients and protecting against loss for those clients needing services beyond a single-funding-stream reimbursement
- Create and maintain a strong Local Management Entity role, advocating for its primary functions to include:

    - Assessing service needs and scope for consumers
    - Being financial gatekeeper for reimbursed services to providers meeting all levels of accountability requirements
    - Assuring "safety net" and system coordination through case management

- Development of a provider system prioritizing local community investment and continuity, reflected in multi-year contracts and working relationships

Mental Health Services of Catawba County is committed to modifying how services are delivered, but we are equally committed to continue assurance that our consumers will have their MH/DD/SA needs met in any transition of services to other providers or system reform efforts.

Based on the information above, Mental Health Services of Catawba County requests waivers to continue operation of the following services for fiscal year 2003-2004:

Mental Health / Substance Abuse Outpatient Treatment
Psychiatric Services
Psychosocial Rehabilitation
MH/DD/CAP/CTSP Case Management
Substance Abuse Services

Early Childhood Intervention Services
Adult MH/DD Residential Services
Child Day Treatment
Adult Day Vocational Program
Assertive Community Treatment Team

Should you have questions, please contact John M. Hardy, Area Director, at 828-695-5900.

Sincerely,

Katherine W. Barnes, Chair
Catawba County Board of Commissioners

David Isenhower, Chair
Mental Health Services of Catawba County Area Board

James Jones, Chair
Mental Health Services of Catawba County CFAC

Resolution

1/30/03

Whereas: Mental Health Services of Catawba County wishes to ensure client stability throughout Mental Health Reform, and

Whereas: There is a lack of State produced information necessary to do clear, adequate, and comprehensive planning for the Local Business Plan, and

Whereas: The State has given Area Authorities and Counties the option to select the implementation date of its Local Business Plan, and

Whereas: This transition of public mental health, developmental disability, and substance abuse services to a more privately delivered model will require maximum information before such can take place smoothly, therefore

Be it Resolved: That the Board of Mental Health Services of Catawba County seeks to modify the implementation phase of LME Certification from the Phase II schedule of January, 2004, to that of Phase III, beginning in July, 2004. This decision was approved by Board action on January 30, 2003.

Signed David L. Isenhower 1/30/03

David L. Isenhower, Chairman Date

CATAWBA COUNTY

P.O. Box 389 • 100-A South West Boulevard • Newton, North Carolina 28658-0389 • Telephone(828) 465-8200
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Resolution No. 2003-05
Mental Health Reform

WHEREAS, Mental Health Services of Catawba County wishes to ensure client stability throughout Mental Health Reform, and

WHEREAS, there is a lack of State produced information necessary to do clear, adequate, and comprehensive planning for the Local Business Plan, and

WHEREAS, the State has given Area Authorities and Counties the option to select the implementation date of its Local Business Plan, and

WHEREAS, this transition of public mental health, developmental disability, and substance abuse services to a more privately delivered model will require maximum information before such can take place smoothly.

NOW, THEREFORE, BE IT RESOLVED that the Catawba County Board of Commissioners seek to modify the implementation phase of LME Certification from the Phase II schedule of January 2004, to that of Phase III, beginning in July 2004. This decision was approved by Board action on March 17, 2003.

This 17th day of March, 2003.

Katherine W. Barnes, Chair
Catawba County Board of Commissioners

Attest:

Thelda B. Rhoney, County Clerk

EXECUTIVE SUMMARY
MENTAL HEALTH SERVICES OF CATAWBA COUNTY
LOCAL BUSINESS PLAN

Based on legislation passed in October 2001 marking the initiation of MH Reform, DHHS Secretary Odom published a plan for statewide change, with the latest version circulated July 2002 entitled *Blueprint for Change.* This plan outlined the vision of MH reform by prioritizing increased consumer involvement, prevention, services that reflect best practices and are outcome oriented, community integration, and targeting populations with the greatest need to receive publicly funded MH/DD/SA services. Mental Health Services of Catawba County (MHSCC) has begun the development of a local business plan which details how reform efforts will be enacted in Catawba County. Elements of the strategic planning process have involved local governmental representatives, consumers, Area Board and staff, and community stakeholders as citizens and potential providers. By reform design, the local business plan is to be the document which will chronicle each phase of change as the Area Program transitions from a *provider* of MH/DD/SA services, to the *manager* of public funds routed to community service providers. This new role will be as a Local Managing Entity (LME). The planning process requires clear analysis of current roles, current clientele and their needs, and clear efforts at moving toward enhanced community provision of services with local oversight and management. These efforts are to be comprehensively achieved by January 2007.

Currently MHSCC provides centralized MH/DD/SA services including outpatient, residential, case management, psychosocial rehabilitation (Connections), adult developmental vocational program (LifeSkills) and day programming for children in grades K-6 (ACT). MHSCC also contracts for inpatient, specialized residential services for children and adults, vocational services, geriatric day services and various person-to-person periodic services. Services currently are provided to MH/DD/SA clients at all functioning levels and

ages. By a recent review, 80-85% of current clientele meet eligibility criteria for "target populations" as identified by the state for receiving publicly funded services. Those individuals falling out of the target population categories (roughly 15-20%) will be transitioned and/or referred to appropriate community supports/resources for services. As our current service role is decreased, the management role will emphasize minimal disruption to clients and client care, the establishment of a complete and accessible qualified provider network, and oversight of services provided with continued assessment of service needs/gaps. The provider network will include private practitioners, non-profit organizations, public agencies and faith-based organizations. Core services of screening, assessment, referral, emergency services, care coordination, service coordination, consultation, education, prevention and case management will be retained with the LME. Though divestiture of services is a condition of MH reform, no services currently provided by the area program will be discontinued if there are no qualified providers to assume that role adequately. MHSCC will request the required service provision waivers from the Secretary of DHHS to assure services are not disrupted until providers in the network are operational.

In September 2002, the Catawba County Board of Commissioners submitted a letter of intent to the Division stating that MHSCC would remain a single county area authority (governed by Area Board) with plans to implement reform efforts in Phase II beginning in January 2004. Reasons cited for the decisions are outlined in the accompanying letter (see attached) from the county commissioners to Secretary Odom. Under this structure MHSCC will be able to maximize and build upon community links and history, plan in a responsible fashion for citizens served, and use all available resources such as county supports at multiple levels (political, personnel, financial, facility investment, technology, etc.) The approach to MH reform will keep consumer and community involvement as a priority, allowing visibility and attention to all needs expressed.

At the update of this Executive Summary in February 2003, it was determined by the Area Board and County Commissioners that the implementation phase be modified from Phase II to Phase III beginning July 2004. (see attached)

The complete Local Business Plan is to be submitted on 4/01/2003 and includes ten sections. These sections – Planning; Governance, Administration and Management; Qualified Provider Network; Service Management; Access to Care; Service Monitoring and Oversight; Evaluation; Financial Management and Accountability; Information Systems and Data Management; and Collaboration – are summarized below. The Consumer and Family Advisory Committee's (CFAC) role in the development of the local business plan includes submission of a separate report detailing their concurrence and/or concerns as well as their involvement in the planning process. Quarterly updates documenting progress in planning will be submitted, with detailed plan completion for initial LME certification scoring by 04/01/04. By application as a Phase III program, the plan will be scored and results determined by 05/01/04. The initial LME certification is valid for 3 years with full LME certification to be achieved by 01/07.

PLANNING SECTION

> **"The local management entity (LME) is an integral part of a broader community human services network. Each LME must develop methods of collaborative planning to address the needs of the broader community as well as those of individuals both in and out of the target populations. Planning is an essential component of the mental health, developmental disability and substance abuse (MH/DD/SA) service system reform effort. Initially, planning at the local level will encompass a wide array of activities that are necessary in the transition from the old to the new. Local business plans (LBP's) must incorporate the mission and principles of the State Plan in both its process and outcome."**
>
> *State Plan 2002: Blueprint for Change*

This section centered around revision of the mission statement, values, and working principles which will define MHSCC in an LME role. Emphasis is placed on increased consumer involvement, and effective oversight of a provider

network capable of consistent, outcome-oriented services. A strength/weakness survey revealed that the Latino/Hispanic and Asian populations in the community receive MH/DD/SA services at a comparatively minimal rate, as do citizens aged 55 and older - therefore, planning efforts will prioritize these areas for improved service outreach and availability. A local Consumer and Family Advisory Committee (CFAC) was established to maximize and assure the opportunity for meaningful consumer involvement at all levels. A three-year strategic plan outlines transition phases and timelines for achievement both in developing components of the LME role and creating the provider network.

GOVERNANCE, MANAGEMENT AND ADMINISTRATION

> "**The LME will adhere to one of the forms of governance as described in the reform statute through which each LME is required to establish an organizational framework that provides for public policy management and administrative accountability. The reform statute sets parameters and targets for the number and demographic characteristics of the local system, and the prospective LME must satisfy these numeric and demographic benchmarks as a prerequisite for approval of its LBP. In addition, the State Plan's mission and principles guide the building of local organizations."**
>
> *State Plan 2002: Blueprint for Change*

This section addressed Catawba County's intention to function as a single county Area Authority governed by an Area Board. Despite not having a population of 200,000 within the county (as legislatively targeted for LME approval), both the current Area Board and County Commissioners believe strongly in maintaining current community identity and strengths in single-county status. However, on-going exploration of joint services or consolidated efforts with neighboring area programs will continue as we consistently seek efficient management of all resources available to meet consumer needs. Also included in this section is the proposed LME organizational structure and an outline for stakeholder involvement in administrative and management functions.

QUALIFIED PROVIDER NETWORK DEVELOPMENT

> **"Recruitment, development and maintenance of a formal provider network by the LME will ensure that there are available and qualified providers to deliver services based on a local needs assessment. Provider network development will address access, availability, service array, consumer choice, fair competition and cultural competence. In addition to the formal network of paid services and supports, LME management and the provider network are responsible for identifying all generic services and supports in their respective communities (i.e. faith-based groups, coaches, self-help groups, sponsors, mentors, etc.) The active involvement of consumers and families by the LME in the discovery and development of these resources will lead to a more comprehensive, friendly and equitable system of services and supports. The role of the LME becomes one of supporting individuals with disabilities in attaining meaningful relationships with other members of the community and fostering reliance on more natural, non-paid supports and resources."**
>
> *State Plan 2002: Blueprint for Change*

This section centered around surveying current community providers for information regarding capacity, service components, populations served, and interest in serving MH/DD/SA clients historically supported by the Area Program. Based on that information, details have begun to emerge for the specifications prioritized in recruitment, contracting, establishing performance criteria to assure quality care, and developing on-going management systems to keep service providers responsive to community needs as they grow and change. The LME is charged with creating a qualified provider network that meets a 30-minute/mile standard for accessibility by consumers, ensuring consumer choice options.

Because MHSCC is willingly expecting to provide services in the interim before external providers are operational, a specific appendix entitled: County/Area Program as LME and Direct Service Provider was completed, addressing a divestiture plan and any barriers to that process. A waiver was submitted for Secretary Odom's approval, requesting the continuation of service

provision by the Area Program until divestiture and community provider network are complete. CFAC has supported this waiver request.

SERVICE MANAGEMENT

> "**The LME must manage all services, supports and treatment….to sustain and accommodate individuals in the community."**
>
> *State Plan 2002: Blueprint for Change*

This section outlined the plan for LME oversight of core services for the community (e.g., screening, assessment, emergency services, etc.), as well as authorization and management of services directed to target populations. The LME is to assure that best practices are followed and ensure available services to accommodate all levels of need for each disability area. In addition community resources are to be strengthened and expanded as extra supports for those not meeting target population eligibility. Policies and procedures address consumer choice, grievance procedures, capacity issues and service delivery standards.

ACCESS TO CARE

> **"Access to services must be ensured to all individuals who are Medicaid eligible and/or meet target population definitions as identified in the State Plan. Prompt access is necessary to maximize opportunities to address a crisis and to initiate treatment when it is needed; services must be available within a reasonable distance of an individual's residence. Access systems must accommodate the needs of all persons."**
>
> *State Plan 2002: Blueprint for Change*

This section identified how our current centralized Access system will be dispersed to multiple entry points in the community, allowing more ready availability across the county. Issues around timely and accurate assessment/referral are addressed, along with the development of specialized supports to accommodate persons with communication and mobility limitations (e.g., limited English proficiency, illiteracy, transportation and cultural considerations, etc.). Priority is placed on greater community awareness and

access to MH/DD/SA services. Tracking mechanisms are also in place to capture referral data for both target and non-target populations; this data will be incorporated in on-going planning efforts.

SERVICE MONITORING AND OVERSIGHT: Quality Management

> **"The LME must ensure that services provided to consumers and families meet federal and state regulations and outcome standards, and ensure quality performance by qualified providers in the network. In order to be effective the quality management system must integrate and analyze information from multiple sources and functions within the organization such as customer services, access, consumer advisory groups and programs as well as external sources**."
>
> *State Plan 2002: Blueprint for Change*

This section identified all components that will be monitored by the LME in assuring optimal service provision, including but not limited to the following: risk management and health and safety issues, use of restrictive interventions, staff privileging/credentialing, outcome data, client rights, and utilization of best practices in treatment. This section also targets all management information systems (MIS) in place and/or needed for detailed tracking of performance indicators and data analysis to be addressed in continual quality improvement planning.

EVALUATION

> **"Self-evaluation is based on statewide outcome standards and participation in independent evaluation studies**."
>
> *State Plan 2002: Blueprint for Change*

This section identified the need to maintain national COA (Council on Accreditation) certification through 2005, as well as exploring other accrediting bodies that are more tailored to administrative rather than service-provision roles. A continuous quality improvement plan is in place and will be regularly reviewed and updated. Mechanisms for evaluating the service provider network will be detailed and standardized to allow accurate comparisons and "report cards" for community and consumer review.

FINANCIAL MANAGEMENT AND ACCOUNTABILITY

> **"The LME must function efficiently and effectively, do cost-sharing and manage system resources. The LME must complete financial stability checklist requirements, standardized reports and other reports and data submissions as required by legislative, federal and state mandates."**
>
> *State Plan 2002: Blueprint for Change*

This section mandated the development of a financial management plan that assures proper understanding and compliance with all state and federal fiscal requirements for both the LME and qualified providers in the local network. The financial management plan currently employed by MHSCC meets all requirements so this information was simply documented. There is provision for an adequate audit trail and an accounting of all real assets of the LME.

INFORMATION SYSTEMS AND DATA MANAGEMENT

> **"The LME must have the capacity to manage all information systems and data in compliance with state and federal guidelines."**
>
> *State Plan 2002: Blueprint for Change*

This section addressed reporting and billing compliance via computer technology capacity, along with the maintenance of state technology standards. All security procedures are structured to protect and safeguard electronic data (e.g., medical records, demographic information, etc.), financial assets and other material resources.

COLLABORATION

> **"Local management entities are expected to cultivate partnerships among community agencies. Partnerships are necessary to forge linkages for care coordination and to develop cooperative solutions to complex community problems. Community direction, participation and voice are accentuated and public interest considerations are explicitly promoted through community coordination and collaboration.**
> **The collaborative efforts by the LME with local and regional communities to support the prevention and outreach activities of MH/DD/SA are documented at both a system and client-specific level. The LME must show that it is collaborating with other state and local public and private service systems to ensure access and coordination of services at the local level."**
>
> *State Plan 2002: Blueprint for Change*

This section identified the strong collaborative efforts already in place within Catawba County. In addition, these efforts will be broadened and creatively pursued to maximize all community resources. The Consumer and Family Advisory Committee will play an integral part in the development of partnerships in the community through the identification and strengthened role of natural supports.

This document along with the strategic plan matrix of each section will be available for public review and comment in the following locations: Main Center, CASAS, the library and on the MH web site. Comments can be directed to **John Hardy at (828)695-5900**.

February 12, 2003

Secretary Carmen Hooker Odom, and
Dr. Richard Visingardi, Deputy Director
Department of DHHS
3001 Mail Service Center
Raleigh, NC 27699-3001

Dear Secretary Odom and Dr. Visingardi:

Our committee has been organized for over six months. We have been meeting weekly but starting February 12, 2003 we will meet bi-monthly. We have been involved in the planning process and still share our concerns with the committee as a whole. We continue to meet and have a more detailed understanding of our role as CFAC. Since our last report one member attended the Pinehurst Conference and NAMI and the ARC of North Carolina made presentations to our Committee. We have learned more about the state reform, advocacy, and consumer involvement in the state plan for reform

We have added a deaf consumer with her interpreter and we are learning more of their culture and ways of communicating with the world. We continue to learn from one another and grow in the experiences we share with each other. We are more aware as to what each groups disability needs are.

We support Catawba Mental Health in continuing to provide the same services at the level of excellence we have become accustomed to. We also support going from phase II to phase III; because as a consumer group we would acquire more time to obtain practical experience in becoming advocates for other consumers and family members in the reform process

We were presented the Access To Care, Service Management, Financial Management and Accountability, Information Systems and Data Management and Governance, Management and Administration sections from qualified staff and would like to offer our input on the two sections we are required to report on: Service Management and Access To Care.

CFAC invited the staff members to give a detailed description of the two sections on two separate occasions. We had an intense open dialogue about service management and access. We believe that the partnership between CFAC and staff has established a strong rapport and working relationship.

ACCESS TO CARE

We believe there would be adequate access to services. CFAC strongly supports consumer involvement in access to care.

CFAC feels there should be transportation to access sites, screenings, assessments, and referrals.

Secretary Carmon Hooker Odom
Richard J. Visingardi, Director
February 12, 2003

ACCESS TO CARE

CFAC believes there should be increased public awareness of how to get mental health help.

We feel access and service management would be better served if there were emergency services that include adequate short-term crisis beds.

SERVICE MANAGEMENT

We believe that consumers should have a strong role in identifying which service providers use best practice models of care.

CFAC of Catawba County will host a Consumer Forum on March 26, 2003 to provide updated information about Catawba County's plan for Mental Health Reform.

Sincerely,

James F. Jones, Chairman
Consumer Family Advisory Committee

Denise B. Little, Vice-Chairman
Consumer Family Advisory Committee

Tony Berry, Co-Chairman
New Beginnings Support Group

Position Statement
Mental Health Services of Catawba County Consumer and Family Advisory Committee
February 12, 2003

The Mental Health Services of Catawba County (MHSCC) Consumer and Family Advisory Committee (CFAC) reviewed and discussed all required parts of the Local Business Plan (LBP). This is a summary of our position on the LBP. Our report is attached to this summary. We continue to provide consumer oversight and input to this on-going reform process.

1. Our CFAC committee has been involved in planning and developing the LBP.

2. We support the current Service Management plan and will continue to review and comment on the plan as it is further developed.

3. We believe it is important to consumers that MHSCC move from Phase II to Phase III.

4. The Access Committee is in the process of identifying the access entry points. Once they are identified we will comment on any exceptions to the 30-minute, 30-mile rule for access.

5. CFAC supports the community collaborative effort as we stated in our last report. We will continue to watch and advocate for community collaboration as the plan is put into action.

6. We support MHSCC continuing to provide services until such time as qualified providers can be found to provide those services being divested.

Signed: _____
James F. Jones, Chairman Catawba County CFAC

Signed: _____
Denise B. Little, Vice-Chairman Catawba County CFAC

CATAWBA COUNTY
P.O. Box 389 • 100-A South West Boulevard • Newton, North Carolina 28658-0389 • Telephone (828) 465-8200
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September 24, 2002

Secretary Carmen Hooker Odom
2001 Mail Service Center
Raleigh, NC 27699-2001

Dear Secretary Hooker Odom:

This letter is the declaration of governance for the operation of mental health, developmental disabilities, and substance abuse services in Catawba County. In accordance with the requirements set forth in the Mental Health Reform legislation and the State Plan, the Board of Commissioners of Catawba County at its meeting on September 16, 2002, formally and unanimously adopted the following positions:

1. Catawba County will use the single county Area Authority model for the governance of its mental health related services. Although Catawba County does not meet the strict population thresholds outlined in the Bill, the Board of Commissioners feels very strongly that the single county program as operated in Catawba County is extremely responsive to citizen and client needs. The fact that Mental Health operates as a single county authority under the state statute means that it is considered a department of the County for budget and audit purposes. Its budget is fully detailed as a part of the County budget as opposed to being a line item as is the case in so many multi-county programs. The Mental Health program in Catawba County has high visibility in the community and with the Board of Commissioners and County Administration. We believe this visibility would be weakened if we were a part of a multi-county effort.

   We made the decision to continue to operate as an authority instead of a county program for several reasons. First, as mentioned earlier, Mental Health in Catawba County operates like a County department, thanks to the excellent working relationship between the Area Mental Health Board and the Board of Commissioners and all of the staff. Mental Health draws upon the County's Technology Department, uses the County's financial, payroll, and personnel systems and follows the County's pay, classification, personnel and benefit plans. Second, we fundamentally disagree with the provision in the state law under the County program model which requires that an advisory board appointed by the Board of Commissioners report to the County Manager. We think this is a flaw in the current legislation and believe it needs to be changed. Any citizen board appointed by the Board of Commissioners should report directly to the Board of Commissioners and not to county administration.

2. Catawba County's Area Authority will plan for the implementation of Mental Health Reform in Phase II, starting in January of 2004. We continue to be very concerned and disappointed that to this date the State has not been able to produce the necessary financial model and funding information needed to do effective local planning. This makes it difficult to plan with any degree of accuracy. We have already started the steps of involving the community and

clients as directed by the Mental Health Reform Legislation and will continue to do so, but it becomes increasingly difficult to prepare a business plan without the financial and funding information. Our choice to implement reform in Phase II is an attempt to give the State more time to provide this critical information so that we can do a better job with our local planning.

Our intentions are to assure that the citizens of Catawba County continue to have available to them the necessary services needed to respond to their various conditions of mental illness, developmental disabilities, and substance abuse services. We will implement as much of the State plan as is practical to assure these intentions.

Sincerely,

W. Steve Ikerd, Chairman
Board of Commissioners

David L. Isenhower, Chairman
Area Mental Health Board

pc: Richard Visingardi, Ph.D.
Mail Services Center
Raleigh, NC 27699-3001

Catawba County Board of Commissioners

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MENTAL HEALTH SERVICES OF CATAWBA COUNTY
BOARD OF DIRECTORS
2002-2003

G.S. Required Mental Health Board Composition Approved by the MH Board on 02/20/03

Board Member	Address	Membership Category	Term	Term Expires
David L. Isenhower **Chairman**	708 2nd Avenue, NE Conover, NC 28613 **Bus.** 828-465-2100, X112 **Fax:** 828-465-3707 **E-Mail**:dli@hickory.net **Res.** 828-464-6438	ML	First	2003
David J. Boone **Vice Chairman**	401 5th Street Place, NE Conover, NC 28613 **Bus.** 828-326-3809 **FAX.** 828-326-3371 **E-Mail:** dboone@catawbamemorial.org **Res.** 828-464-6362	M	First	2005
Stephen L. Graff **Secretary/Treasurer**	1285 Willow Creek DR Newton, NC 28658 **Bus.** 828-328-5522 **Fax.** 1-828-328-2179 **E-Mail:** **Res**:sstvgrff@bellsouth.net Bus.sgraff@tsgsynthetics.com **Res.** 828-695-9947	ML	Second	2006
Susan C. Anderson	2196 5th Street, NE Hickory, NC 28601 **Bus.** 324-3021 324-3274 (Heart Room) **Beeper:**345-5999;X0304 **Res.** 828-328-8693	CON-R	First	2004
Beatty, Barbara G.	2990 Balls Creek RD Newton, NC 28658 **Res**. N/A **Mobile:** 1-828-464-0277 **Fax.** 828-464-4853	CC	Ex-Officio Member	2003
Ray Von Beatty, Ph.D.	PO Box 404 Sherrills Ford, CN 28673 Res. 828-478-9576 E-mail:rvbeatty2002@yahoo.com	ML	New Appointment	

Bryson, John Fred	4810 Kennedy Street Hickory, NC 28602 **Bus.** 828-327-7000, X4623 **E-M.**fbryson@cvcc.cc.nc.us **Res.** 828-294-6381	C PROF	First	2006
John P. Dayberry	5636 Sandhurst RD Hickory, NC 28602 Res. 828-294-0191 Bus. 828-322-4510, ext. 275 E-mail:jdayberry@charter.net	ODC-R	New Appointment	
Holman, Lora	1304 North Ash Avenue Newton, NC 28658 **Res:** 828-464-0466 (Contact) **Bus:** 828-465-1524	ODC-MI	Unexpired	2003
Karen Lane **Client Rights Committee Member**	1264 Venus Street Conover, NC 28613 **Bus.** 828-464-5826 **Res.** 828-256-4265	CON-DD	Second	2004
Crystal H. Leathers	4612 9th ST, NE Hickory, NC 28601 Res. 828-256-9693 FAX. 828-328-4789 E-mail:leathers@fbc.cc	CON-MI	New Appointment	
Dr. Tom McKean	220 37 Avenue Place, NW Hickory, NC 28601 **Bus.** 828-324-9900 **Fax.** 828-324-8322 **E-Mail:tkmckean@ Fryelink.com** **Res.** 828-327-3198 **Answering Service:** 828-324-5344	P	First	2004
Martha Palmer	815 6th Street, NW Hickory, NC 28601 **Res.** 828-322-3709 **E-Mail:mandmpalmer@charter .net**	CHILD	Second	2005
Charles W. Phillips	2083 22nd AVE, NE Hickory, NC 28601 Res. 828-327-3539	ODC-DD	New Appointment	
Stephen Sayers	3297 Stonesthrow Drive Newton, NC 28658 **Bus.** 828-324-0127 **FAX**:828-327-0092 **E-Mail:st**ephen.c.sayers@aexp.com	FIN	First	2004

	Res. 828-465-7166			
Harold Setzer	965 18th Avenue CT, NW Hickory, NC 28602 **Bus.** 828-322-9435; Extension: 6 **FAX.** 828-328-0461 **E-Mail:** N/A **Res.** 828-327-4055	ML	First	2003
Dr. Robert A. Yapundich (Appointed 02/04/02)	922 44th Avenue CT, SE Hickory, NC 28601 **Res:** 828-256-8400 **Bus:** 828-328-5500 (**Hky**) 828-879-7684 (**Valdese)** 828-438-0046 **Morganton**) **FAX:** 828-485-2516 **E-mail:** noggindoc@yahoo.com	P	Unexpired	2004

John M. Hardy Area Director	Mental Health Services Of Catawba County 3050 11th Avenue Drive, SE Hickory, NC 28602 **Bus.** 828-326-5900 **E-mail**:johnh@catawbacountync.gov **FAX**. 828-326-5949